



The Department of Health

Joyful Fruit Month 2021 School Fruit Promotion Project

Hong Kong College of Cardiology -

School Healthy Eating Promotion Fund

Evaluation & Financial Report

Please submit this Evaluation & Financial Report together with all related documents below **in duplicates** by 15 June 2021 (Tuesday). Original documents should be sent to the Hong Kong College of Cardiology while the duplicate copy should be sent to the Joyful Fruit Month Secretariat by mail, fax or email. Submitted information may be uploaded to related websites by the organisers for health promotion purpose. Personal data will be stored properly and kept confidential.

- Evaluation & Financial Report
- All receipts pending for reimbursement
- Activities related documents including publicity poster(s), photos, etc.
- Duplicate copy of "School Healthy Eating Promotion Fund Application Form" (please indicate the changes that have been made on the original proposal)
- Hong Kong College of Cardiology (Original) Secretariat of the School Healthy Eating Promotion Fund for School Fruit Promotion Project Address: Room 1116, 11/F Bank of America Tower, 12 Harcourt Road, Central, Hong Kong
- Joyful Fruit Month Secretariat, Department of Health (Copy) Address: 7/F, Southorn Centre, 130 Hennessy Road, Wan Chai, Hong Kong Fax: 2591 6127 Tel: 2835 1913 E-mail: joyfulfruitmonth@dh.gov.hk

"Joyful Fruit Month - School Fruit Promotion Project"

Ref No. of Document (to be filled by Joyful Fruit Month Secretariat) :) HPB/P2/2	2/1	
Name of School :				
Project Contact Person :			Position :	
Contact No. :			Email :	

Part A: Evaluation Report

A total of ______fruit promotion activity/activities was/were conducted in the school year of 2020/21. The numbers of participants of each activity held were as follows:

Activity Name	No. of Participating Students	No. of Participating Teachers

Activity Evaluation by the Working Team (Please circle the appropriate rating for each of the followings: 5 = strongly agree, 1= strongly disagree)					
1. The activity achieved the expected objective(s)	5	4	3	2	1
The activity increased the knowledge of health benefits of fruit among students and teachers	5	4	3	2	1
3. The activity aroused students and teachers' interest and initiatives in eating fruit	5	4	3	2	1
4. The activity increased students and teachers' fruit consumption	5	4	3	2	1
5. The activity met the need of the target group	5	4	3	2	1
6. The activity achieved the targeted no. of participants	5	4	3	2	1
7. Participants were satisfied with the activity / activities	5	4	3	2	1
8. The overall arrangement of the activity / activities was good	5	4	3	2	1
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9. Other Comments (e.g. room for improvement and recommendations)

Photo(s) and Description(s) of the Project

Photo 1	Photo Description
(Attach a activity photo)	(Please use no more than 30 words in English)
Photo 2	Photo Description
(Attach a activity photo)	(Please use no more than 30 words in English)
Photo 3	Photo Description
(Attach a activity photo)	(Please use no more than 30 words in English)

Part B: Financial Report

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Ref. No. of Document (to be filled by Joyful Fruit Month Secretariat) :

) HPB/P2/2/1

Actual Amount of Expenditure:

Receipt No.*	Item #	Amount HK\$
1.	(Fruit / Miscellaneous)▲	
2.	(Fruit / Miscellaneous)▲	
3.	(Fruit / Miscellaneous) [▲]	
4.	(Fruit / Miscellaneous) [▲]	
5.	(Fruit / Miscellaneous) [▲]	
	Actual amount of expenditure:	

* Please mark a receipt number on each receipt. Sponsorship of <u>fruit procurement should not exceed HKD\$1,500</u> and the delivery fee of materials will not be granted in this project.

[#] The grant will not cover the purchase of food containing high fat, sugar or salt (refers Appendix IV) or any items including gift coupons of food that may encourage students to take foods that are high in fat, salt or sugar content. The decision made by HKCC and DH on reimbursement or otherwise shall be deemed final and irrevocable in case of any dispute.

Delete where appropriate

Does your school obtain any sponsorship from other organisations?

🗌 No

Yes (Please specify the name of the organisation ______

and the respective amount

A total number of ______ receipts is attached herewith. All the receipts have been verified by the School and the entire sum was used for implementing the School Fruit Promotion Project. Please issue a crossed cheque for reimbursement to ______

(Name of the school bank account).



We would like the cheque to be posted to ______ (recipient) at

__(school address). The school will

bear the risk of delay as long as a few months or loss incurred by local mail delivery.

School Stamp		
	Signature of School Principal: _	
	Name of School Principal: _	
	Signature of Project Contact Person: _	
	Name of Project Contact Person: _	
	Date: _	